

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year beginning 9/01/01, and ending 8/31/02

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization

HOPE CANCER FUND

Number and street (or P.O. box if mail is not delivered to street address)

10736 MAGNOLIA BLVD., STE. 10

Room/suite

City or town, state or country, and ZIP + 4

N. HOLLYWOOD

CA 91601

D Employer ID number

38-3427023

E Telephone number

818-752-7001

F Accounting method ☐ Cash☒ Accrual ☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) If "Yes" enter no. of affiliates

☒ N/A

H(c) Are all affiliates included?

☒ N/A ☐ Yes ☐ No

(If "No" attach a list. See instr.)

H(d) Is this a separate return filed by an

☒ N/A

organization covered by a group ruling?

☐ Yes ☐ No

I Enter 4-digit GEN

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Web site

J Organization type

(check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 639,562

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

1a 639,562

b Indirect public support

1b

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ 639,562 noncash \$)

1d 639,562

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4

5 Dividends and interest from securities

5

6a Gross rents

6a

b Less rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe)

7

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8a

b Less cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine lines 8a, 8b, and 8c)

8d

9 Special events and activities (attach schedule)

a Gross revenue (not including contributions reported on line 1a) of

9a

b Less direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10a Gross sales of inventory, less returns and allowances

10a

b Less cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part VII, line 103)

11

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 639,562

E Expenses

13 Program services (from line 44, column (B))

13 68,927

14 Management and general (from line 44, column (C))

14 16,024

15 Fundraising (from line 44, column (D))

15 536,019

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 13, 14, 15, and 16)

17 620,970

A Assets

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 18,592

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 10,515

20 Other changes in net assets or fund balances (attach explanation)

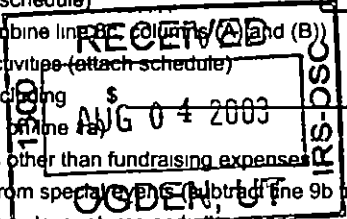
20

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 29,107

AUG 11 2003

SCANNED



24

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) Stmnt 1 (cash \$ 4,100 non-cash \$)	22 4,100	4,100		
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc	25 16,117	14,505	806	806
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 1,254	1,128	63	63
30 Professional fundraising fees	30 546,343	27,317		519,026
31 Accounting fees	31 10,976		3,659	7,317
32 Legal fees	32 242		242	
33 Supplies	33 2,200	1,100	1,100	
34 Telephone	34 3,169	2,535	317	317
35 Postage and shipping	35 498	398	50	50
36 Occupancy	36 13,958	12,562	698	698
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 8,007	2,669	2,669	2,669
40 Conferences, conventions, and meetings	40 2,624	262	2,100	262
41 Interest	41 634		634	
42 Depreciation, depletion, etc (att sch)	42 1,222	1,100	61	61
43 Other expenses not covered above (itemize) a	43a			
b See Statement 2	43b 9,626	1,251	3,625	4,750
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 620,970	68,927	16,024	536,019

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☒ No ☐If "Yes," enter (i) the aggregate amount of these joint costs \$ **546,343** (ii) the amount allocated to Program services \$ **27,317**(iii) the amount allocated to Management and general \$ and (iv) the amount allocated to Fundraising \$ **519,026****Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 24.)

What is the organization's primary exempt purpose?

► PROVIDE HELP AND SUPPORT TO CANCER PATIENTS.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others.)

a DIRECT DISBURSEMENTS TO CANCER PATIENTS TO COVER MEDICAL NEEDS AND PRESCRIPTION DRUGS.	(Grants and allocations \$ 4,100)	66,677
b MAINTENANCE OF TOLL FREE TELEPHONE LINE.	(Grants and allocations \$)	2,250
c	(Grants and allocations \$)	
d	(Grants and allocations \$)	
e Other program services (attach schedule)	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		68,927

Part IV Balance Sheets (See Specific Instructions on page 24)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing		11,093	45	30,492
	46	Savings and temporary cash investments			46	
	47a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule) See Worksheet	51a			
	b	Less allowance for doubtful accounts	51b	1,320	51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55a	Investments-land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
	56	Investments-other (attach schedule)			56	
	57a	Land, buildings, and equipment basis	57a	4,757		
	b	Less accumulated depreciation (attach schedule) See Stmt 3	57b	1,698	57c	3,059
	58	Other assets (describe See Stmt 4)			58	250
	59	Total assets (add lines 45 through 58) (must equal line 74)		16,694	59	33,801
	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe See Stmt 5)		6,179	65	4,694
	66	Total liabilities (add lines 60 through 65)		6,179	66	4,694
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		10,515	67	29,107
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		10,515	73	29,107
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		16,694	74	33,801

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

N/A	
a Total revenue, gains, and other support per audited financial statements	a
b Amounts included on line a but not on line 12, Form 990	b
(1) Net unrealized gains on investments \$	
(2) Donated services and use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify)	
\$	
Add amounts on lines (1) through (4)	b
c Line a minus line b	c
d Amounts included on line 12, Form 990 but not on line a	d
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify)	
\$	
Add amounts on lines (1) and (2)	d
e Total revenue per line 12, Form 990 (line c plus line d)	e

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

N/A	
a Total expenses and losses per audited financial statements	a
b Amounts included on line a but not on line 17, Form 990	b
(1) Donated services and use of facilities \$	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify)	
\$	
Add amounts on lines (1) through (4)	b
c Line a minus line b	c
d Amounts included on line 17, Form 990 but not on line a	d
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify)	
\$	
Add amounts on lines (1) and (2)	d
e Total expenses per line 17, Form 990 (line c plus line d)	e

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BENJAMIN SPIVEY 537 S. KENMORE AVE, LOS ANGELES, CA	PRESIDENT 40	16,117	0	6,712
RICHARD JUSTIN III 321 W. MASON, JACKSON, MI 49203	DIRECTOR AS NEC	0	0	0
CHERRILL SMITH 21062 GARY DR, CASTRO VALLEY, CA	AS NEC	0	0	0
ALEX WALKER 10736 MAGNOLIA BLV, N HOLLYWOOD, CA	AS NEC	0	0	0
ERIC CONNOWAY 756 JOHNSON WY, RESEDA, CA 91704	DIRECTOR AS NEC	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?
If "Yes," attach schedule-see Specific Instructions on page 27

Yes ☐ No ☒

Part VI Other Information (See Specific Instructions on page 27)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt	81a	
81a Enter direct or indirect political expenditures See line 81 instr	81b	X
b Did the organization file Form 1120-POL for this year?	82a	X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities	86b	
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text"/> 0 , section 4912 <input type="text"/> 0 , section 4955 <input type="text"/> 0		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<input type="text"/> 0
d Enter Amount of tax on line 89c, above, reimbursed by the organization		<input type="text"/> 0
90a List the states with which a copy of this return is filed <input type="text"/> CA MI FL LA ME, NH, NJ, RI, VA, NY, IN, KY, AL, NC, WI, GA	90b	
b Number of employees employed in the pay period that includes March 12, 2001 (See instructions)		
91 The books are in care of <input type="text"/> BENJAMIN SPIVEY Telephone no <input type="text"/> 866-334-4673 Located at <input type="text"/> N HOLLYWOOD, CA ZIP + 4 <input type="text"/> 91601		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/> 92		

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

	Unrelated business income		Excluded by sec 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	0
105 Total (add line 104, columns (B), (D), and (E))					0

Note. Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

- (a) Did the organization, during the year, receive any funds directly or indirectly to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note. If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date

President

7/31/03

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

OMB No 1545-0047

2001

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

HOPE CANCER FUND

38-3427023

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	▶			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$ 50 000	(b) Type of service	(c) Compensation
HOPES & DREAMS, INC. 110 22ND AVE. WEST, BRADENTON, FL 34205	FUND RAISER	250,338
CAVALIER MARKETING COMPANY 2582 BALL PARK DR, TUCKER, GA 30084	FUND RAISER	66,024
GELMAR, LTD. 15778 VIANNA WINDS POINT, DELRAY BEACH, FL 33446	FUND RAISER	58,332
DRAGON GROUP, INC. 2788 GREENDALE DR., SARASOTA, FL 34232	FUND RAISER	51,923
Total number of others receiving over \$50,000 for professional services	▶ 0	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ (Must equal amount on line 38, Part VI-A or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶**
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	243,818	75,346			319,164
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose					
18 Gross inc from int dividends amounts received from pymt on securities loans (section 512(a)(5)), rents royalties & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revn levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of serv or fac furnished to the org by a governmental unit without charge. Do not incl the value of serv or fac generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap assets.					
23 Total of lines 15 through 22	243,818	75,346			319,164
24 Line 23 minus line 17	243,818	75,346			319,164
25 Enter 1% of line 23	2,438	753			

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	6,383
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	319,164
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		26d	
e Public support (line 26c minus line 26d total)		26e	319,164
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	100.0000%

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.

N/A

(2000) (1999) (1998) (1997)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

N/A

(2000) (1999) (1998) (1997)

c Add Amounts from column (e) for lines 15 _____ 16 _____
17 _____ 20 _____ 21 _____

d Add Line 27a total _____ and line 27b total _____

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27c	
27d	
27e	
27f	
27g	%
27h	%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table-			
If the amount on line 40 is-	The lobbying nontaxable amount is-		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instr)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) **Cash**

(ii) Other assets

b Other transactions

(l) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharrng of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

[illegible]

Federal Statements**Direct Public Support**

<u>Contributor</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
Contributions Received - Public	\$ 639,562	\$
Total	<u>\$ 639,562</u>	<u>\$ 0</u>

Form 990/990-PF	Other Notes and Loans Receivable		2001
For calendar year 2001, or tax year beginning		9/01/01, and ending	8/31/02
Name HOPE CANCER FUND			Employer Identification Number 38-3427023

Form 990, Part IV, Line 51a - Additional Information

Name of borrower	Relationship to disqualified person
(1) ADVANCE TO FONDEST WISH FOUNDATION	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	1,320		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	1,320		

Federal Statements

Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations, and Contributions

Description	Cash Contribution	Noncash Contribution
Donations & Grants	\$ 4,100	\$
Total	<u>\$ 4,100</u>	<u>\$ 0</u>

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
Expenses	\$	\$	\$	\$
Advertising Expense	3,791	1,251	2,540	
Bank Service Charges	3,818			3,818
Consulting	932			932
Licenses	1,085		1,085	
Total	<u>\$ 9,626</u>	<u>\$ 1,251</u>	<u>\$ 3,625</u>	<u>\$ 4,750</u>

Federal Statements**Statement 3 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Office Equipment	\$ 4,757	\$ 476	\$ 4,757	\$ 1,698
Total	<u>\$ 4,757</u>	<u>\$ 476</u>	<u>\$ 4,757</u>	<u>\$ 1,698</u>

Statement 4 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Deposit	\$	\$ 250
Total	<u>\$ 0</u>	<u>\$ 250</u>

Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CC - First USA Bank #5913	\$ 834	\$
CC - Citi AAdvantage World MC	4,595	4,694
CC - Discover Platinum #3100	111	
Payroll Taxes	639	
Total	<u>\$ 6,179</u>	<u>\$ 4,694</u>



[Mission Statement](#) > [History](#) > [Annual Report](#) > [Educational Links](#) > **Client Assistance** > [Home](#)



Client Assistance

Some of the needs **Hope Cancer Fund** helps with are as follows

- Travel expense (out of town travel)
- Prescription costs
- Medical Equipment
- Maintaining insurance policies during treatment
- Medical bills
- Assistance in locating grief/emotional support groups

Hope Cancer Fund

I have been meaning to contact you for some time. Perhaps you remember sending a sizable check for m Elaine needs. For which we were and are greatly grateful! Elaine died November 10, 2000. Today would be her 49th birthday! This, in a way could be her present. Her last few months were heart-rendering, but, through myself, are coming to terms with it and just taking life one day at a time. But we do miss her. Please accept our thoughts of gratitude for your goodness and help when it was most needed. Do hope well with what you are doing and you can continue to help others as you helped us.

Hal

Hope Cancer Fund
1-866-334-HOPE

For More Information
Call
1-877-601-4285



Otis Sawyer is a carpenter at age 58, he had been a heavy smoker his lifetime. On January of 2001, he became ill with a loss of weight like symptoms. His doctors discovered tumors on his lungs, which he has Lung Cancer. His doctors approached Hope Cancer Fund for financial assistance for doctor bills, chemotherapy, radiation, and other financial needs. Now, he is trying to cope with his illness. Hope Cancer Fund helped him go through this hardship.

Josephine Tyson is suffering from Stage IIB Carcinoma of the Cervix known as Cervical Cancer. Hope Cancer Fund helped her finance bills so her and her family could cope with this challenge.



Donald Matley was diagnosed with Lung Cancer with Brain Mets raise a family of three with a minimal salary To pay for his medic equipment he needs such as wheel chair and oxygen, he approac Cancer Fund He needed wheel chair to be able to reach his destl as for medical appointments Hope Cancer Fund is helping him an with their financial needs



Lindsey Connely



Lindsey had modulo blastula In October of 1999 She went throug craniotomy to relieve the bleeding on her brainstem The surgery unable to speak, physically debilitated, had a hard time breathing of all totally blind - no light She went to rehabilitation afterward her balance, and her functionality But when she went through ch for 6 months, she suffered spinal cord swelling which left her spa quadriplegic Her family had no choice but to stop the chemo the of the fact that there were still a spot of tumor the doctors feared grow again Her family began an exhaustive home program with of her doctors **She made a remarkable progress!** Her cancer remission at this time - the spot on her brain is gone Even thoug remains blind, she began to make use of her limbs - which is her accomplishment Her family took her to a Cancer Center to help h much faster She is an Independent person who never wants to d other people **She is a fighter and perseveres to achieve her**

HELP NOW!

Donate with your Visa or MasterCard through PayPal

HOPE CANCER FUND

**10736 Magnolia Blvd. #10
North Hollywood C.A. 91601
1-(818)-752-7001
1-(866)-334-HOPE**

www.hopecancerfund.com

**REGISTRATION
PACKAGE**

HOPE CANCER FUND

1-(818)-752-7001

1-(866)-334-HOPE

Dear Friend,

Thank you for your interest in our organization. We hope that we can be of assistance to you and your family. We recently received your name from a concerned friend or loved one.

We are ***Hope Cancer Fund***, a non-profit organization dedicated to making a difference in the lives of cancer patients. ***Hope Cancer Fund's*** primary goal is to provide financial assistance in meeting the special needs of cancer patients and their families.

Below is a list of the ways which our organization is proud to be of assistance:

- Medical equipment
- Prescription Cost's
- Payments of insurance premiums
- Transportation, travel, and housing

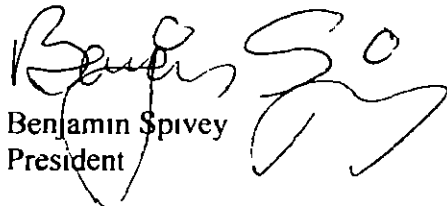
PLEASE CHECK THIS FORM AND RETURN IT WITH THE FOLLOWING INFORMATION WE HAVE REQUESTED:

- _____ A completed, signed, and dated **REGISTRATION FORM**.
- _____ A completed, signed and dated **CONSENT & RELEASE FORM**.
- _____ A letter and supporting documents from the client's primary physician stating the illness, current status and prognosis
- _____ At least **THREE (3) COLOR PHOTOS** of client

As soon as the requested information is received, ***Hope Cancer Fund*** will begin moving forward toward presenting each case to the board of directors. Funding is decided on a case by case basis by a five member board.

Awaiting your reply, I remain,

Sincerely,


Benjamin Spivey
President

CONSENT & RELEASE FORM

(Please Print)

CLIENT INFORMATION:

Client Name _____

Date of Birth _____ Social Security # _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) - ____ - ____ Work Phone (____) - ____ - ____

Place of Employment _____

Position Held _____ Work Hours _____

May we call you at work? YES _____ NO _____ (check one)

If YES What is the best time? _____ AM _____ PM _____ (check one)

I agree to notify *Hope Cancer Fund* immediately of any changes in my home and/or work address and/or phone numbers YES _____ NO _____ (check one)

THE UNDERSIGNED HEREBY AGREES to indemnify and hold harmless *Hope Cancer Fund* and its officers, agents, employees and volunteers for and against all demands, claims, actions, suits, damages, costs and expenses including legal costs and attorney fees arising out of or resulting from the use and dissemination of the information supplied and the help requested and/or granted By my signature I understand and agree that my likeness and the information contained herein may be used by *Hope Cancer Fund Inc*

Signature _____ Date _____

Printed Name _____

REGISTRATION FORM

(Please Print)

Have you received help or financial assistance from any other organization or group? (church group etc) (this will in no way affect the boards decision as to the assistance you receive from Hope Cancer Fund) Yes _____ No _____

Name of Organization _____

Help received _____

Name of Primary Care Physician: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) - ____ - _____

Describe client's medical condition: _____

CHILD INFORMATION: (If Child)

Child's full Name: _____

Sex: Male _____ Female _____ (check one) Social Security #: _____

Date of Birth: _____ Place of Birth: _____

Child's Hobbies and Interests: _____

Names of Siblings: _____ Age: _____

_____	_____
_____	_____
_____	_____

CONTINUED (Page 2)
(Please Print)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.

Please remember to include three (3) color photos of client